

12-02-05 AF

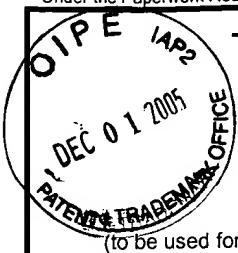
TRW 163412  
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PTO/SB/21 (09-04)

Approved for use through 7/31/2006

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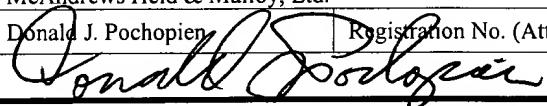
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 <p><b>TRANSMITTAL FORM</b></p> <p>(to be used for all correspondence after initial filing)</p>		Application Number	09/437,726
		Filing Date	November 9, 1999
		First Named Inventor	Stemmer
		Art Unit	1634
		Examiner Name	Bradley L. Sisson
		Attorney Docket Number	16184US03
Total Number of Pages in This Submission	3		

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):	

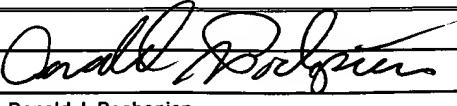
**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

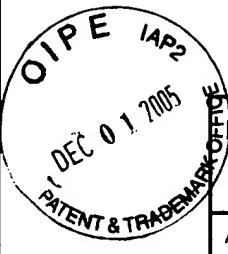
Firm or Individual Name	McAndrews Held & Malloy, Ltd.		
Name (Print/type)	Donald J. Pochopien	Registration No. (Attorney/Agent)	32,167
Signature			Date: December 1, 2005

**EXPRESS MAIL DEPOSIT**

"Express Mail" mailing label number : EV 304941634 US  
 Date of Deposit December 1, 2005.

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 <b>Effective on 12/08/2004.</b> <i>Fees pursuant to the consolidated Appropriates Act. 2005 (H.R. 4818).</i> <b>DEC 01 2005</b> <b>U.S. PATENT AND TRADEMARK OFFICE</b>		<i>Complete if Known</i>																																													
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<b>TOTAL AMOUNT OF PAYMENT</b> (\$)		1020.00	Attorney Docket No.	16184US03																																											
METHOD OF PAYMENT (check all that apply)																																															
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____																																															
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: 13-0017		Deposit Account Name: McAndrews Held & Malloy																																											
For the above-identified deposit account, the Director is hereby authorized to (check all that apply)																																															
<input checked="" type="checkbox"/> Charge Fee(s) indicated below			<input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee																																												
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s)			<input checked="" type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17																																												
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.																																															
FEE CALCULATION																																															
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																															
<table border="1"> <thead> <tr> <th colspan="2">FILING FEES</th> <th colspan="2">SEARCH FEES</th> <th colspan="2">EXAMINATION FEES</th> </tr> <tr> <th>Application Type</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>200</td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> <td>100</td> <td>50</td> <td>130</td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> <td>300</td> <td>150</td> <td>160</td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>600</td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>100</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>						FILING FEES		SEARCH FEES		EXAMINATION FEES		Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Utility	300	150	500	250	200	Design	200	100	100	50	130	Plant	200	100	300	150	160	Reissue	300	150	500	250	600	Provisional	200	100	0	0	0
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2. EXCESS CLAIM FEES																																															
<b>Fee Description</b> <table border="1" style="float: right;"> <thead> <tr> <th>Fee (\$)</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>50</td> <td>25</td> </tr> <tr> <td>200</td> <td>100</td> </tr> <tr> <td>360</td> <td>180</td> </tr> </tbody> </table>						Fee (\$)	Fee (\$)	50	25	200	100	360	180																																		
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HP = highest number of total claims paid for, if greater than 20																																															
<b>Indep. Claims</b> -3 or HP _____		<b>Extra Claims</b> x _____	<b>Fee (\$)</b> = _____	<b>Fee Paid (\$)</b> _____																																											
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3. APPLICATION SIZE FEE																																															
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																															
<b>Total Sheets</b> -100 _____		<b>Extra Sheets</b> /50 _____	<b>Number of each additional 50 or fraction thereof</b> (round up to a whole number)	<b>Fee (\$)</b> x _____	<b>Fee Paid (\$)</b> _____																																										
<b>4. OTHER FEE(S)</b>																																															
Non-English Specification, \$130 fee (no small entity discount)																																															
Other: Request For Three Month Extension Of Time _____ Fees Paid (\$)																																															
<b>SUBMITTED BY</b>																																															
Signature			Registration No. (Attorney/Agent)	32,167	Telephone																																										
Name (print/type)	Donald J. Pochopien		Date	December 1, 2005																																											



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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional)
<b>FY 2005</b>		16184US03
<i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		
Application Number 09/437,726		Filed November 9, 1999
For Modified Ribulose 1,5-Bisphosphate Carboxylase/ Oxygenase For Improvement and Optimization Of Plant Phenotypes		
Art Unit 1634		Examiner Bradley L. Sisson

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$_____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$_____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	<u>\$1020.00</u>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$_____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$_____

- Applicant claims small entity status. See 37 CFR 1.27.
- A check in the amount of the fee is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Director has already been authorized to charge fees in this application to a Deposit Account.
- The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 13-0017. I have enclosed a duplicate copy of this sheet.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the  applicant/inventor.  
 assignee of record of the entire interest. See 37 CFR 3.71  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  
 attorney or agent of record. Registration Number 32,167  
 attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34. \_\_\_\_\_.

  
 Signature

Donald J. Pochopien

Typed or printed name

December 1, 20025

Date

312-775-8000

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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 12/05/2005-WARDER1 000000036 130017 09437726  
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